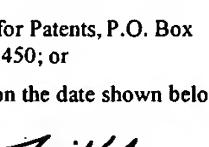




AF  
ZCW

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/014,747
	Filing Date	October 26, 2001
	First Named Inventor	William H. Dixon
	Group Art Unit	2132
	Examiner Name	Kristin M. Derwich
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	164144.01

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form (\$0.00 total fee)</b> <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> <b>Amendment / Reply</b> <input checked="" type="checkbox"/> <b>After Final (8 pages)</b> <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b>  <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <input checked="" type="checkbox"/> <b>Copy of this Transmittal Form</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a))  I hereby certify that this correspondence is being:  <input checked="" type="checkbox"/> deposited with the US Postal Service on the date shown below to:  Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____.		
<u>December 7, 2005</u> Date		
 Signature <b>David Lee</b> Printed Name		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT				
Signature	<i>David L.</i>		Reg. No.	38,222
Name of Attorney or Agent		David Lee		
Date	December 7, 2005	Tel.	(425) 703-8092	Facsimile No. (425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:			22971	

Effective on 12/08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEETRANSMITTAL**  
For FY 2005

DEC 09 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

*Complete if Known*

Application Number	10/014,747
Filing Date	October 26, 2001
First Named Inventor	William H. Dixon
Examiner Name	Kristin M. Derwich
Art Unit	2132
Attorney Docket No.	164144.01
Express Mail Label No.	

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
12 - 33 or HP= 0	x 50	= 0		0	0
HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
1 - 4 or HP= 0	x 200	= 0		0	0
HP = highest number of independent claims paid for, if greater than 3					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = 0	/ 50 = 0	(round up to a whole) number x 250 = 0		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

<u>Signature</u>	<i>David L.</i>	<u>Registration No.</u> (Attorney/Agent) <b>38,222</b>	<u>Telephone</u> <b>(425) 703-8092</b>
<u>Name (Print/Type)</u>	<b>David Lee</b>		<u>Date</u> <b>December 7, 2005</b>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*O I P E*  
DEC 09 2005  
PATENT & TRADEMARK OFFICE  
APR 18

Inventors	:	Dixon, et al.	)	
			)	
Applicant	:	Microsoft Corporation	)	
			)	
Serial No.	:	10/014,747	)	Examiner: K. Derwich
			)	
Filed	:	October 26, 2001	)	Art Unit: 2132
			)	
For	:	Method For Providing User	)	Confirmation No.: 5741
		Authentication/Authorization	)	
		And Distributed Firewall Using	)	
		Same	)	

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION OF OCTOBER 18, 2005  
AMENDMENT

Sir:

In response to the Final Office Action of October 18, 2005, in connection with the above-identified application, the following amendments and remarks are submitted. Favorable consideration is respectfully requested.